



**學校聲明**  
**STATEMENT FROM**  
**SCHOOL**

CSO/WORKER NAME / 社區服務辦事處/工作人員姓名	TELEPHONE NUMBER / 電話號碼
CLIENT IDENTIFICATION NUMBER / 客戶識別卡號碼	DATE / 日期

**SECTION 1: FILL OUT THIS SECTION BEFORE TAKING IT TO THE SCHOOL.**

**第一欄：請在將此表格交到學校之前，請填寫好此欄。**

**By signing here, I give my permission to the school to complete this form for the Department of Social and Health Services (DSHS). 本人在此簽字，許可我孩子所在的學校填寫這張社會福利服務部（DSHS）的表格。**

YOUR NAME / 您的姓名	YOUR SIGNATURE / 您的簽字	DATE / 日期
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NAME OF SCHOOL / 學校名稱
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SCHOOL ADDRESS / 學校地址	STREET ADDRESS / 街道名稱與門牌號碼	CITY / 城市	STATE / 州	ZIP CODE / 郵遞區號
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**SECTION 2: THE PERSON IN THE SCHOOL'S OFFICE WHO IS IN CHARGE OF ATTENDANCE FILLS OUT THIS SECTION.**

**第二欄：由學校 公室管理負責人填寫此欄。**

**A. COMPLETE THE FOLLOWING FOR EACH CHILD FROM THIS FAMILY ATTENDING YOUR SCHOOL.**

CHILD'S NAME	BIRTHDATE	IS THE CHILD ATTENDING SCHOOL:	IS THE CHILD IN SPECIAL EDUCATION CLASSES?	IS THE CHILD MAKING SATISFACTORY PROGRESS IN SCHOOL?	IF THE CHILD IS 16 OR OLDER, WHEN IS S/HE EXPECTED TO GRADUATE?
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**B. WHAT IS THE HOME ADDRESS THAT YOU HAVE ON FILE FOR THE CHILDREN?**

**C. COMPLETE THE FOLLOWING FOR THE PEOPLE YOU ARE SUPPOSED TO CONTACT IN CASE OF EMERGENCY.**

NAME	RELATIONSHIP TO CHILD	ADDRESS (INCLUDE CITY AND ZIP CODE)	TELEPHONE NUMBER

**D. PLEASE PROVIDE THE FOLLOWING INFORMATION IN CASE WE NEED TO CONTACT YOU.**

SIGNATURE	YOUR NAME (PLEASE PRINT CLEARLY)	TODAY'S DATE
TITLE	TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER